

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		
O.I.P.E. CLASSIFIER		15	3/4/01
FORMALITY REVIEW	HL	1070	24/12/01
RESPONSE FORMALITY REVIEW	HL	825	9/5/01

# INDEX OF CLAIMS

Rejected  
 Allowed  
 (Through numeral) Canceled  
 Restricted

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Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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15-2201  
 RFBP  
 656  
 1/12/01  
 612  
 9-24-01